

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE				
								10/589804						
								APPLICANT(S)						
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1	/							51						
2								52						
3								53						
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5								55						
6		S						56						
7		S						57						
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45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	7	↓			↓			TOTAL IND.		↓				
TOTAL DEP.	26	←			←			TOTAL DEP.		←				
TOTAL CLAIMS	33							TOTAL CLAIMS						